

## **Important Notice**

### **CHS (Contract Health Services) Changes**

Due to funding cut backs and increased needs by CHS eligible patients; the Tulalip Health Clinic/Dental Clinic will no longer be able to cover Priority 2 & Priority 3 at this time **Effective 12/1/13**. The Tulalip Health Clinic/Dental Clinic will need to run on Priority one and any other Priorities will be the patient's financial responsibility.

#### **CHS will continue to cover the following:**

1. Glasses once a year (year to date) for all full time students within our CHSDA- Snohomish County, and all elders (age 62 and over) within Snohomish County.
- Full time college students within Snohomish County (CHSDA) must provide CHS with a copy of their Transcript.
- All students must apply for alternate resources if they have not done so.
- All students must use the Vision plus located within the Tulalip Health Clinic.
- All students must call and get a PO prior to visit.
2. CHS will continue to cover all medical and dental bills, Copayments, deductibles for all CHS eligible elders (age 62 and over); as long as it falls within priority 1-3 (this excludes any non-covered services by CHS).
3. CHS will continue to cover C-pap supplies & Oxygen for patients as long as they have a referral from the Tulalip Health Clinic and have applied for alternate resources, (elders age 62 and over do not need a referral from the Tulalip Health Clinic).

#### **CHS will no longer cover:**

1. Medical and dental bills for students outside of Snohomish County (CHSDA), while in school they will need to apply for insurance through the Obama Care/ACA, and utilize an I.H.S facility near them.
2. CHS will no longer cover medical and dental bills for patients in treatment, they will need to apply for insurance through the Obama Care/ACA and utilize an I.H.S facility near them.
3. CHS will not cover any alternative complimentary services (i.e.: Chiropractic Care, Reiki, Massages, Naturopathy, Acupuncture, Homeopathy, Chemical Endarterectomy, Home Health, Skilled Nursing and etc.) .
4. CHS will not cover copayments, deductibles, co-insurance or referrals if you choose to go outside the Tulalip Health/Dental clinic for primary care.

#### **CHS will be operating on priority one Life or Limb for emergent services only**

##### **(Attached is copy of priority one list)**

- CHS will only issue PO'S for services provided outside the Tulalip Health/Dental Clinic in emergent, Life/Limb threatening situations.
- You must use the Tulalip Health/Dental Clinic during clinic hours, unless it is an emergent, life/limb threatening situation.
- In an emergent situation you must notify CHS within 72hrs of an emergent visit
- In an emergent situation you must follow up with Tulalip Health/Dental Clinic within 72hrs of emergent visit.
- If you do not have any other insurance you must apply for alternate resources (i.e. DSHS/WA Apple Health/Obama Care/ACA)

**Reminders:**

- State of Washington/Apple Health now covers adult dental, we encourage you to apply as an alternate resource.

**CHS Contacts:** If you need a PO number you may contact the following:

**CHS Patient Care Specialists:**

Connie White- 360.716.5631                      or                      Cheryl Kisinger- 360.716.5633

**CHS Supervisor:**

Laura Myers- 360.716.5630

**Medical Appendix I****Level I Priority: Examples of Diagnosis that usually require emergency/Acutely Urgent Care Services**

Abscess, Airway obstruction, Amputation, Traumatic Anaphylaxis, Appendicitis, Arrhythmias, Acute Asthma, Burns, Acute Cholecystitis, Coma, Concussion, Congestive Heart Failure, Decompensated, Severe Dehydration, Delirium Tremens, Diabetic Ketoacidosis, Near Drowning, Embolism Cerebral or Peripheral, Encephalitis, Acute Epididymitis, Epiglottitis, Acute Eye Diseases, Eye Injuries, Flail Chest, Fractures, Acute Glomerulonephritis, Gunshot Wounds, Head Injury, Heat Exhaustion & Prostration, Hemoptysis, Hemorrhage, Hepatic Encephalopathy, Hernia, Strangulated or Ruptured, Hyperkalemia, Hypertension Crisis or Emergency, Lacerations, Meningitis, Menorrhagia Profuse, Migraine Acute Attacks, Acute Musculoskeletal Trauma, Acute Myocardial Ischemia, Myocardial Infarctions, Obstetrical Emergencies, Pancreatitis, Pelvic Inflammatory Disease, Peritonitis, Acute Pneumonia, Pneumothorax, Poisoning, Premature Infant, Pulmonary Embolism, Pulmonary Edema, Puncture or Stab Wounds, Rape, Alleged Examination, Acute Renal Lithiasis, Respiratory Failure, Sepsis, Shock, Spinal Colum Injuries, Suicide Attempt, Urinary Retention, Obstruction.

**Dental Level 1: Emergency Oral Health Services**

Emergency dental services are those necessary for the relief of acute conditions. Emergency dental care services include all necessary laboratory and preoperative work including examination, radiographs, and appropriate anesthesia. Emergency dental services shall include but not be limited to the following:

- Control of oral and maxillofacial bleeding in any condition when loss of blood will jeopardize the patient's wellbeing. Treatment may consist of any professionally accepted procedure deemed necessary.
- Relief of life-threatening respiratory difficulty and improvement of the airway (respiratory system) from any oral or maxillofacial dental condition. Treatment may consist of any professionally accepted procedure deemed necessary.
- Relief of severe pain accompanying any oral or maxillofacial dental conditions affecting the nervous system, limited to immediate palliative treatment, but including extractions where professionally indicated.
- Immediate and palliative procedures that include but are not limited to: (1) Fractures, subluxations and avulsions of teeth, (2) fractures of jaw and other facial bones (reduction and fixation only), (3) temporomandibular joint subluxations, (4) soft tissue injuries, (5) broken dentures, and (6) chipped tooth.
- Initial treatment for acute infections.

**Procedures that are frequently reported in this category of care are listed below:**

- Emergency oral examination (limited to problem area)
- One or more periapical radiographs associated with the problem
- Simple tooth extractions
- Temporary or sedative restorations
- Palliative procedures
- Endodontic access preparations
- Draining of oral abscesses
- Denture repairs and other urgent repairs

**I have read and understand the above information and document regarding CHS guidelines and priority one.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Name: \_\_\_\_\_ Date: \_\_\_\_\_

THC Employee: \_\_\_\_\_ Date: \_\_\_\_\_